## 1503-136-4185

FEC FORM 1

## STATEMENT OF ORGANIZATION

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|                                   |                                 |               |   |  | -Office Use Only                |
|-----------------------------------|---------------------------------|---------------|---|--|---------------------------------|
| NAME OF     COMMITTEE (in full)   | (Check if name is changed)      |               | ole:If typing, type<br>ne lines.  | 12FE4M5  | EC MAIL CENTER                  |
| EFFECTIVE LEAD                    | ERSHIP ENHA                     | NCING         | COMMUNIT  |  |                                 |
|                                   |                                 |               |   | <u> </u>   |                                 |
| ADDRESS (number and street)       | PO BOX 61                       |               | 1 1 1 1 1   |  |                                 |
| (Check if address is changed)     |                                 |               | 1 1 1 1 1   | <del></del>                                      |                                 |
| _                                 | CHESHIRE  CITY A                |               |   | CT C         | 06410<br>ZIP CODE ▲             |
| COMMITTEE'S E-MAIL ADDRES         | SS                              |               |   |  |                                 |
| (Check if address is changed)     | path@aol.com                    |               |   |  |                                 |
|                                   | Optional Second E-Mail          | Address       |   |  | ı                               |
| .1                                |                                 |               |   |  |                                 |
| COMMITTEE'S WEB PAGE ADI          | DRESS (URL)                     |               | •   |  | and the second                  |
| (Check if address is changed)     | None.                           |               | 1 1 1 1 1 1   | <del>                                     </del> | .:                              |
| ·                                 |                                 |               |   |  |                                 |
| M M / D 19                        | D / Y Y Y Y Y 2014              |               |   |  | 1                               |
| 3. FEC IDENTIFICATION NU          | JMBER ▶ C                       |               | * :<br>!  |  |                                 |
| 4. IS THIS STATEMENT X            | NEW (N) OR                      |               | AMENDED (A)   |  |                                 |
| I certify that I have examined th | nis Statement and to the bo     | est of my kno | owledge and belief it   | is true, correct a                               | nd complete.                    |
| · · · · · · · · · · · · · · · · · | Detrinio A. Elvan Harris        |               |   |  |                                 |
| Type or Print Name of Treasurer   | Patricia A. Flynn-Harris        |               | n \   |  |                                 |
| Signature of Treasurer            | cia A. Flynn-Harrik             | 1 Hy          | n= mms  | Date 12  | 19 2014                         |
| NOTE: Submission of false, errone | eous, or incomplete information |               |   |  | he penalties of 2 U.S.C. §437g. |
| Office<br>Use<br>Only             |                                 | Fe            | or further information cederal Election Commissi<br>oll Free 800-424-9530 |  | FEC FORM 1<br>(Revised 06/2012) |

| FEC Form                       | 1 (Revised 02/2009)   | Page 2                                   |
|--------------------------------|---|--|
| TYPE OF CO                     |   |  |
| (a)                            | This committee is a principal campaign committee. (Complète the candidate information below.)   |  |
| • •                            | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)  | plete the candidate                      |
| Name of<br>Candidate           |   |  |
| Candidate<br>Party Affiliation | Office<br>Sought: House Senate President  | State  District                          |
| (c)                            | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |
| Name of<br>Candidate           |   | 11111                                    |
| Party Comr                     |   |  |
| (d)                            | · · · · · · · · · · · · · · · · · · ·   | (Democratic,<br>Republican, etc.) Party. |
| Political Ac                   | tion Committee (PAC):   |  |
| (e)                            | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-   | nected organization is a                 |
|                                | Corporation Corporation w/o Capital Stock   | Labor Organization                       |
|                                | Membership Organization Trade Association   | Cooperative                              |
|                                | In addition, this committee is a Lobbyist/Registrant PAC.   |  |
| (f) ×                          | This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)   | gregated fund or party                   |
|                                | In addition, this committee is a Lobbyist/Registrant PAC.   |  |
|                                | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |  |
| Joint Fundr                    | aising Representative:  |  |
|                                | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political                      |
|                                | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.         | o or more political                      |
| Comm                           | nittees Participating in Joint Fundraiser   |  |
| 1.                             | FEC ID number C   |  |
| 2.                             | FEC ID number C   |  |
| 3.                             | FEC ID number C   |  |
| <u> 4</u>                      |   |  |

| Write or Type Committee Name  EFFECTIVE LEADERSHIP ENHANCING COMMUNITIES TODAY - ELECT PAC |  |  |  |  |  |
|--|--|--|--|--|--|
|  | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor                        |  |  |  |  |
| ELIZABETH ESTY   | <u> </u>   |  |  |  |  |
|  | <u> </u>   |  |  |  |  |
| Mailing Address  | 213 PRESTON TER  |  |  |  |  |
|  | CHESHIRE CT 06410  CITY STATE ZIP CODE   |  |  |  |  |
| Relationship: Connecte   | d Organization Affiliated Committee Joint Fundraising Representative X Leadership PAC Sponsor                          |  |  |  |  |
| <ol> <li>Custodian of Records: Idea<br/>books and records.</li> </ol>                      | ntify by name, address (phone number optional) and position of the person in possession of committee                   |  |  |  |  |
| Patricia A<br>Full Name  | . Flynn-Harris   |  |  |  |  |
| Mailing Address  |  |  |  |  |  |
|  | CHESHIRE CT 06410  |  |  |  |  |
| Title or Position  | CITY STATE ZIP CODE  |  |  |  |  |
| TREASAURER   | Telephone number   |  |  |  |  |
| 8. <b>Treasurer:</b> List the name an any designated agent (e.g.,                          | d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer). |  |  |  |  |
| Full Name Patricia A. of Treasurer   | Flynn-Harris   |  |  |  |  |
| Mailing Address  | PO BOX 61  |  |  |  |  |
|  |  |  |  |  |  |
|  | CHESHIRE CT 06410 CITY STATE ZIP CODE  |  |  |  |  |
| Title or Position TREASURER  | Telephone number   |  |  |  |  |

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of Designated

Friends of Elizabeth Esty

PO Box 61 Cheshire, CT 06410



31 DEC 2014 PH7 1

Federal Election Commission 499 E Street, NW Washington, DC

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## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked JSPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED